



CITY OF HOUSTON
Department of Health and Human Services

Bill White

Mayor

Stephen L. Williams, M.Ed., M.P.A.
Director
Health and Human Services
Department
8000 N. Stadium Drive
Houston, Texas 77054-1823

T. 713.794.9311
F. 713.798.0862
www.houstonhealth.org

October 17, 2005

Dear Health Care Provider:

WIC provides nutritional formulas for our clients who need them: infants who are not 100% breastfed and children and women with special health care needs. Most of our infants receive high-quality standard formulas provided by state contract with a formula company. Currently, these formulas are Mead Johnson's Enfamil LIPIL, Lactofree LIPIL, Gentlease LIPIL, and Prosobee LIPIL. However, we realize that some of our clients have special needs.

Please find enclosed our most recent prescription form for prescribing medically necessary nutritional formulas for your patients who receive WIC benefits. Other area WIC agencies may have similar forms.

While we do not require your prescription to be on our form, we hope that it will make your job easier as you assist your patients in acquiring their medically necessary nutritional formulas without cost to them. The form lists commonly prescribed formulas and incorporates WIC approval guidelines. ***Utilizing and completely filling this form will minimize calls to your office for clarification and ensure that your patients will not have to wait and risk being without formula.***

WIC will honor your prescription by not providing any other formula not authorized by you. However, WIC guidelines may not permit us to approve and issue all formulas you prescribe for the stated diagnoses. If we cannot approve a formula you prescribe, we will contact your office to see if an alternative can be found. If not, your patient would be required to obtain the prescribed formula by some means other than the WIC program.

We are honored to be able to assist your patients and our clients by issuing the medically necessary nutritional formulas they need. WIC also provides breastfeeding support, and encourages mothers of infants to breastfeed as the preferred form of feeding.

If you have any questions or concerns regarding a prescription for a medically necessary nutritional formula for a patient receiving WIC benefits, we encourage you to contact the WIC Nutritionist at the site where your patient receives WIC. You may also contact Mara Drais, RD, in our WIC administrative office at (713) 798-0869 or (832) 260-8502. Alternatively, you may contact our receptionist at (713) 794-9095 to direct your call.

We look forward to working with you.

Request for Medically Necessary Nutritional Formulas from the WIC Program

The WIC Program issues contract formulas – Enfamil LIPIL with Iron, Enfamil Lactofree LIPIL, and Enfamil Prosobee LIPIL. Other formulas/medical nutritional products may be issued for a **valid medical reason**. Also, federal regulations limit the amount of formula WIC can provide. An infant/child who is Medicaid-eligible may be able to obtain additional formula/product through that program. **Ready to use products may be issued only if the caregiver is physically or mentally incapable of preparing formula, there is an unsafe water supply, or the formula is not available in any other form.**

Please provide the following information when requesting a non-contract formula. If requesting a formula not on the list or a formula for a different medical condition than what is listed, please indicate that on the back of this form. **Complete information will be appreciated and may save repeating measurements and/or contacting your office for clarification.**

Patient's Name _____ DOB: _____

Parent or Guardian's Name _____

Birth Weight _____ Weeks Gestation _____ Age 9 months and older:
Hct or Hgb _____ Date Hct/Hgb Measured _____

Current Weight _____ Current Length (or Height) _____ (Within 7 days for infant or 30 days for child/adult)
Date of Measurements _____

Diagnoses _____

Formulas Tried and Dates _____

Additional Comments _____

Check if applicable:

_____ Previous request for _____ may be discontinued, and a WIC contract formula may be issued.

Signature (MD, DO, NP, PA) _____

Date _____

Physician's Name Printed _____ Phone Number _____

Infant Formula (please circle)	Medical Reason (please circle and/or specify)	Amount per Day	Length of Request
Good Start Supreme Good Start Supreme DHA/ARA Good Start Supreme Soy DHA/ARA Good Start 2 Supreme DHA/ARA Good Start 2 Essentials Good Start 2 Essentials Soy Isomil Isomil Advance Similac Lactose-Free Advance Similac with Iron Similac Advance	Allergy or intolerance to Enfamil LIPIL with Iron, Enfamil Lacto-free LIPIL, and Enfamil Prosobee LIPIL. WIC policy requires that participants on non-contract milk or soy-based infant formulas be challenged every 2-3 months with contract formula. If this is medically contraindicated, please explain: _____ _____ _____		
Nutramigen LIPIL	Milk and/or soy allergy.		
Alimentum Advance Pregestimil	Allergy or sensitivity to milk or soy, with malabsorption; malabsorption.		
Enfamil AR LIPIL	Gastroesophageal reflux disease (GERD); not to be issued for uncomplicated GER (benign spitting up)		
Isomil DF	Diarrhea due to gastrointestinal virus/infection or antibiotic use. May be issued up to 10 days. Enfamil LIPIL with Iron, Enfamil Lacto-free LIPIL or Enfamil Prosobee LIPIL will be issued following the requested time period, unless otherwise specified. If another formula is required, please also mark in the section where that formula is listed.		
Enfamil 24 with Iron, Enfamil LIPIL 24 with Iron,	Increased calorie needs; need for volume restriction; inability to consume adequate volume of standard formula. Note: Instructions will be given for concentrating liquid or powder formula to 24 kcal/oz.		

Enfamil Human Milk Fortifier, Similac Human Milk Fortifier, Similac Natural Care Advance	EHMF can be issued until the infant weighs 5 lbs. 8oz. SHMF or Similac Natural Care Advance can be issued until the infant weighs 8lbs.		
EnfaCare LIPIL, NeoSure Advance	Low Birth Weight infants issued to chronological age of: 3 months – when birth wt is 4 lbs. to 5 lbs. 8oz. (1801-2500 g) 6 months – when birth wt is 3 lbs. 5oz. to <4 lbs. (1501-1800 g) 9 months – when birth wt is 2 lbs. 10oz. to <3 lbs. 5oz. (1201-1500g) one year – when birth wt is <2 lbs. 10 oz. (1200 g or less)		
Similac Special Care Advance 24 Enfamil Premature LIPIL 24 w/Iron	Premature infant until infant weighs 8 lbs. Premature infant until infant weighs 5 lbs. 8 oz. (issued month to month only)		
Similac PM 60/40 Low Iron	Renal or cardiac condition requiring lower minerals		
Neocate Elecare	Allergy to intact protein and casein hydrolysates; malabsorption. Note: Nutramigen, Alimentum, or Pregestimil needs to have been tried prior to issuing.		

Pediatric & Adult Formulas / Products (please circle)	Medical Reason (please circle and/or specify)	Amount per Day	Length of Request
Next Step Prosobee LIPIL Isomil 2 Advance	Milk allergy in a child over one year old		
Pediasure Enteral, Pediasure Enteral with Fiber, Kindercal TF with Fiber, Kindercal TF, Compleat Pediatric	Tube feeding; oral motor feeding disorders; medical condition that increases calorie needs beyond what is expected for age (please specify) _____ _____		
Pediasure, Pediasure with Fiber, Kindercal, Kindercal with Fiber, Nutren Junior, Resource Just For Kids	Oral motor feeding disorders; medical condition that increases calorie requirements beyond what is expected for age; FTT from underlying medical condition – please specify condition: _____ _____ Note: A supplement may be issued for 1 month as a diagnostic tool to rule out FTT from inadequate calorie intake.		
Neocate Junior, Neocate One +, Pepdite One +, Peptamen Junior, Elecare, Vivonex Pediatric	Malabsorptive conditions; short bowel syndrome; medical condition requiring an elemental diet – please specify: _____		
Other Formula or Product:	Please provide diagnosis. If requesting a formula listed above for a different medical condition than what is listed, please indicate that condition: _____ _____ _____		

WIC Staff Use Only			
Level of Formula _____	Name of Local or State Agency Staff Approving _____		
%ile wt / lg (ht) _____	%ile lg (ht) / age _____	%ile wt / age _____	Plotted for adjusted age _____
Completed diet recall _____	Interviewed caregiver _____ <small>(premature inf/ch up to 2 yrs chron. age)</small>		
Instruction sheet for concentrating formula to 22 / 24 / 27 / 30 kcals/oz given and explained (attach copy) _____			
Formula code _____	Food package _____		
If 999, volume per month _____, formula name _____, price _____			
Approval expiration date _____		Staff initials _____	Date _____